UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Automotive Finance Corporation 317-843-4770	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Automotive Finance Corporation 13085 Hamilton Crossing Blvd, Suite 300 Carmel, IN 46032 USA	
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FILING NUMBER: 13-0028278970

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1. DEB Debtor's UCC1A	TOR'S NAME - Provide only <u>one</u> Debtor name (1a or 1b) (use e: s name will not fit in line 1b, leave all of item 1 blank, check here d) Tia. ORGANIZATION'S NAME	xact, full name; do not omit, modif	y, or abbreviate any btor information in it	part of the D	Debtor's name); if any pa Financing Stalement Ac	rt of the Individual Idendum (Form	
	IS. ORGANIZATIONS NAME						
OR	16. INDIVIDUAL'S SURNAME GARRISON	FIRST PERSONAL NAME MICHAEL	Tari and a second secon	ADDITIONAL VERN	L NAME(S)/INITIAL(S) ON	SUFFIX	
519	LING ADDRESS INTERSTATE HIGHWAY 30 E	SULPHUR SPRIN	GS	TX	POSTAL CODE 75482	COUNTRY	
2. DEBT Debtor's UCC1A		xact, full name; do not omit, modif	/, or abbreviate any otor information in it	part of the D em 10 of the	Pebtor's name); if any par Financing Statement Ad	rt of the Individual Idendum (Form	
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	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX	
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3, SECL	JRED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	44				USA	
OR	a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION						
OK.	ЭЬ. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
	ING ADDRESS W.AFCDEALER.COM, 13085	CARMEL		IN	POSTAL CODE 46032	COUNTRY	
300	IILTON CROSSING BLVD SUITE	TO THE PROPERTY OF THE PROPERT					
All of D ilmitation fixtures policies support any and replace papers, owned	ATERAL: This financing statement covers the following collaters ebtors assets and properties wherever located, including in: accounts, chattel paper, deposit accounts, document, inventory and other goods, general intangibles, instrum, investment property, letter of credit rights, money, soft ing obligations, and titles, now owned or hereafter acquit all proceeds, products, additions, accessions, accessoments of the foregoing; and all of Debtors computer reculedger sheets, files, books, and records relating to the for hereafter acquired.	g without s, equipment, nents, insurance ware, ired by Debtor; ries, and ords, business foregoing, now		,			
oa. Unec	only if applicable and check only one box: Collateral isiheld in a Trust   k only if applicable and check only one box:		being administe	red by a Dec b, Check onl	edent's Personal Repre	sentative conly one box.	
7. ALTER	-Finance Transaction Manufactured-Home Transaction RNATIVE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Transmitting Utility LiConsignee/Consignor LiSe	J	Agricultura	l Lien Non-UCC Filin		
8. OPTIC 44305					The second secon		

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UCC FINANCING STATEMENT AMENDMENT Case 4:20-cv-00959-BJ Document 1-14 Filed 08/24/20 Page 2 of 2 PageID 245 FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Automotive Finance Corporation 317-843-4770  B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address) Automotive Finance Corporation 13085 Hamilton Crossing Blvd, Suite 300 Carmel, IN 46032 USA  Ta. INITIAL FINANCING STATEMENT FILE NUMBER 18-0028278970  Ta. INITIAL FINANCING STATEMENT FILE NUMBER 13-0028278970  Ta. INITIAL FINANCING STATEMENT FILE NUMBER 13-0028278970  Ta. SENDER STATEMENT FILE NUMBER 14-0028278970  Ta. SENDER STATEMENT FILE NUMBER 15-0028278970  Ta. SENDER STATEMENT FILE NUMBER 15-0028278970  Ta. SENDER STATEMENT FILE NUMBER 15-0028278970  Ta. SENDER STATEMENT AMENDMENT is to be filed for recorded or recorded or in the REAL ESTATE RECORDS. Files attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13  TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement For partial assignment, complete term 7 and 9 and gain disclosted effected collaters in fixe me of Assignment in item 9. FOR ONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement additional period provided by applicable lawr  Ta. CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for additional period provided by applicable lawr  Ta. CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for additional period provided by applicable lawr  Ta. CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for Secured Party authorizing th	I OLLOW INSTRUCTIONS			
B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address) Automotive Finance Corporation 13085 Hamilton Crossing Blvd, Suite 300 Carmel, IN 46032 USA  1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT AMENDMENT is to Be Secured Party of State IMAGE GENERATED ELECTRONICALLY FOR WEB FILIN THE ABOVE SPACE IS FOR FILIN GOFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE NUMBER 1a. O23278970  1b. This FINANCING STATEMENT AMENDMENT is to Be Secured Party authorizing this Termination Statement Journal of The Image of Statement Identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Termination Statement additional period provided by applicable law  1b. This FINANCING STATEMENT AMENDMENT is to the Secured Party authorizing this Termination Statement in Intentified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement additional period provided by applicable law  1c. PARTY INFORMATION CHANGE:  Check one of these two boxes. This Change affects Debtor or Secured Party of record. AND Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b; and item 7c  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  5a. ORGANIZATIONS NAME  OR  6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Automotive Finance Corporation 13085 Hamilton Crossing Blvd, Suite 300 Carmel, IN 46032 USA  FILING DATE: 03/13/2018 12:09 PM DOCUMENT NUMBER: 799858470003 FILED: Texas Secretary of State IMAGE GENERATED ELECTRONICALLY FOR WEB FILIN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  13-0028278970  File: atach Amendment Addendum (Form UCC34d) and provide Debtor's name in tiem 13				
Automotive Finance Corporation 13085 Hamilton Crossing Blvd, Suite 300 Carmel, IN 46032 USA  Ta. INITIAL FINANCING STATEMENT FILE NUMBER 13-0028278970  Tal STATEMENT FILE NUMBER 15-0028278970  Tal STATEMENT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS face transposed in the MAGE GENERATE Deleter Is MAGE GENERATED ELECTRONICALLY FOR WEB FILIN THE MAGE OFFI IN THE ABOVE SPACE IS THE MAGE OFFI IN THE ABOVE SPACE IS THE ABOVE SPACE IS THE MAGE OFFI IN THE STATE RECORD.  THE ABOVE SPACE IS THE ABOVE SPACE IS THE MAGE	B. E-MAIL CONTACT AT FILER (option	onal)		
13-0028278970  10-1. This FINANCING STATEMENT AMENDMENT is to be filed flor record (or recorded) in the REAL ESTATE RECORDS. Filer: attack Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.  7. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7 or 7b and address of Assignee in item 7c and also name of Assignor in item 9.  For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 8  4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  Check one of these two boxes. This Change affects Debtor on Secured Party of record. AND Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b; and item ADD name: Complete item 7a or 7b, DELETE name: Give record 7a or 7b and item 7c  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  8a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbrepart of the Debtor's name)  7a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	Automotive Finance Corpora 13085 Hamilton Crossing Blv Carmel, IN 46032	tion	FILING DATE: 03/13/2018 12:09 PM DOCUMENT NUMBER: 799858470003 FILED: Texas Secretary of State IMAGE GENERATED ELECTRONICALI	LY FOR WEB FILING
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9. For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 8  4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  Check one of these two boxes. This Change affects Debtor or Secured Party of record. AND Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b; and item ADD name: Complete item 7a or 7b, DELETE name: Give record and item 7c  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  6a. ORGANIZATION'S NAME  OR  6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  OR ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  DESCRIPTIONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		1b. This FINANCING STATEMENT A	MENDMENT is to be filed [for record] (or recorded) in the REAL ES m UCC3Ad) and provide Debtor's name in item 13	TATE RECORDS.
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7b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OR			
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	8 COLLATERAL CHANGE: Alea alea	ok one of those four boyes.  ADD colletered To	ELETE colleteral TRESTATE covered colleteral TASSIGN	lotoral

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

**AUTOMOTIVE FINANCE CORPORATION** 

9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME

FIRST PERSONAL NAME ADDITIONAL

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

443058ER MICHAEL VERNON GARRISON

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